



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD FOR LICENSING CONTRACTORS
500 JAMES ROBERTSON PARKWAY, SUITE 110
NASHVILLE, TENNESSEE 37243-1150
(615)741-8307 (800) 544-7693
FAX - (615) 532-2868

POWER OF ATTORNEY

Know all that I, _____, of _____,
(Officer's/Owner's Name) (County)
_____, officer of _____ do hereby
appoint:
(State) (Company Name)

(Qualifying Agent) (Title) (Date of Employment)

Authorization to act as the qualifying agent (QA) on the company's behalf to take the examinations (s) required for a Tennessee contractors license.

This designated qualifying agent _____ ***IS** or _____ **IS NOT** listed as the QA for another licensee (attach explanation if listed on another license in Tennessee). I understand should the qualifying agent leave the company, pursuant T.C.A. §62-6-115, the Board must be notified of another individual designated to pass the examinations within 90 days.

Officer's /Owner's Signature Title

Affirmed and subscribed before me this _____ day of _____, 20_____.

Notary Public My Commission Expires: _____
State of _____
County of _____
-(Seal)-

***If you checked "IS or WAS" listed on another contractor's license, under what license ID#000_____.**
NOTE: A Qualifying agent cannot be listed on more than one license unless they are an owner.

(To be completed by contractors appointing full time employees as
qualifying agent, who are not owners, for testing and board interview)